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PTO/SB/01 (10-00)
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing OR (Surcharge (37 CFR 1.16(e)) required)	Attorney Docket Number	CEN0284
	First Named Inventor	ChiChang Lee, et al.
	COMPLETE IF KNOWN	
	Application Number	10/067,382
	Filing Date	February 5, 2002
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CHEMICALLY DEFINED MEDIUM FOR CULTURED MAMMALIAN CELLS
(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 2/5/2002 as United States Application Number or PCT International Application Number 10/067,382 and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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I her by declar that all statements mad herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
 (first and middle [if any]) ChiChang

Family Name
 or Surname Lee

Inventor's
 Signature

Date 04 Jun 02

Residence: City Norristown,

State PA

Country USA

Citizenship USA

Mailing Address 7012 Windswept Lane

City Norristown,

State PA

ZIP 19403

Country USA

I hereby declare that all statements made herein of my own knowledge are true and that all statements made n information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
 (first and middle [if any]) Celia

Family Name
 or Surname Ly

Inventor's
 Signature

Date 04 Jun 02

Residence: City Lancaster,

State PA

Country USA

Citizenship USA

Mailing Address 2905 Bowman Road

City Lancaster,

State PA

ZIP 17601

Country USA

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NAME OF THIRD INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
 (first and middle [if any]) Gordon

Family Name
 or Surname Moore

Inventor's
 Signature

Date 04 Jun 02

Residence: City Wayne,

State PA

Country USA

Citizenship USA

Mailing Address 249 Pembroke Avenue

City Wayne,

State PA

ZIP 19087

Country USA



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DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/268,849	February 15, 2001	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status
		Patented Patented Patented

I hereby appoint:

☒ Practitioners at Customer Number **000027777** --

AND

☐ Practitioner(s) named below:
Name

Registration Number

Place Customer
Number Bar Code
Label Here

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Address all telephone calls to Guy Kevin Townsend at telephone number (732) 524-2517.

Direct all correspondence to: ☒ Customer Number **000027777** OR ☐ Correspondence address below

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NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) ChiChang		Family Name or Surname Lee	
Inventor's Signature		Date 04 Jun 02	
Residence: City Norristown,	State PA	Country USA	Citizenship USA
Mailing Address 7012 Windswept Lane			Country USA
City Norristown,	State PA	ZIP 19403	

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NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Celia		Family Name or Surname Ly	
Inventor's Signature		Date 04 Jun 02	
Residence: City Lancaster,	State PA	Country USA	Citizenship USA
Mailing Address 2905 Bowman Road			Country USA
City Lancaster,	State PA	ZIP 17601	

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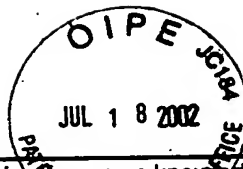
NAME OF THIRD INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Gordon		Family Name or Surname Moore	
Inventor's Signature		Date 04 Jun 02	
Residence: City Wayne,	State PA	Country USA	Citizenship USA
Mailing Address 249 Pembroke Avenue			Country USA
City Wayne,	State PA	ZIP 19087	

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NAME OF FOURTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Robert		Family Name or Surname Perkinson	
Inventor's Signature <i>Robert Perkinson</i>		Date 6/5/02	
Residence: City Philadelphia,	State PA	Country USA	Citizenship USA
Mailing Address 4711 Hazel Avenue			
City Philadelphia,	State PA	ZIP 19143	Country USA

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Art Unit: 1636

Examiner:

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Box Missing Parts, Commissioner for Patents, Washington, DC 20231 on

(Date of Deposit)

(Name of applicant, assignee, or Registered Representative)

(Signature)

(Date of Signature)

BOX: MISSING PARTS

Dear Sir:

Please charge Johnson & Johnson Deposit Account No. 10-0750/CEN0284/GKT in the amounts of \$130.00 for submission of the Declaration pursuant to Section 1.16(e). The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Account No. 10-0750/CEN0284/GKT. This sheet is submitted in triplicate.

Guy Kevin Townsend
Reg. No. 34,033
Attorney for Applicant(s)

Johnson & Johnson
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New Brunswick, NJ 08933-7003
(732) 524-2517